

# DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
- ☐ Application No. \_\_\_\_\_, filed on \_\_\_\_\_
- ☐ as amended on \_\_\_\_\_ if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

## Full Name of Inventor(s)

Inventor 1 **Anthony David Auffret**

Signature

*A. D. Auffret*

Citizen of **Great Britain**

Inventor 2 **Lisa Suzanne Benée**

Signature

*Benée*

Citizen of **Great Britain**

☐ Additional inventors are being named on

**Burden Hour Statement:** This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Mail Stop: Comments - Patent, 2011 South Clark Place, Crystal Plaza Two, Lobby, Room 1B03, Arlington, Virginia 22202. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.

Please type a plus sign (+) inside this box →

+

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT****Application Number****To be assigned****Filing Date****Concurrently herewith****First Named Inventor****Anthony David Auffret****Title****PROCESS FOR MAKING ORALLY  
CONSUMABLE DOSAGE FORMS****Group Art Unit****To be assigned****Examiner Name****To be assigned****Attorney Docket Number****PC25042A**

I hereby appoint:



Practitioners at Customer Number

**28523****OR**

Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:



The above-mentioned Customer Number.

**OR**

Practitioners at Customer Number

**OR**Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record****Name****Anthony David Auffret****Signature***A.D. Auffret***Date***16 July 2003*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.


Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Mail Stop: Comments - Patents, 2011 South Clark Place, Crystal Plaza Two, Lobby, Room 1B03, Arlington, Virginia 22202

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<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	<b>To be assigned</b>
	<b>Filing Date</b>	<b>Concurrently herewith</b>
	<b>First Named Inventor</b>	<b>Anthony David Auffret</b>
	<b>Title</b>	<b>PROCESS FOR MAKING ORALLY CONSUMABLE DOSAGE FORMS</b>
	<b>Group Art Unit</b>	<b>To be assigned</b>
	<b>Examiner Name</b>	<b>To be assigned</b>
	<b>Attorney Docket Number</b>	<b>PC25042A</b>

I hereby appoint:

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**OR**

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Please change the correspondence address for the above-identified application to:

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**OR**

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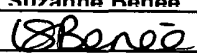
<input type="checkbox"/> Firm or Individual Name					
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City		State		Zip	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	Lisa Suzanne Renee
Signature	
Date	16 <sup>th</sup> July 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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